

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000014447

Entity Name: ALL STAR DENTAL CARE, INC.

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

9108 SHADOW POND COURT
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

9108 SHADOW POND COURT
ODESSA, FL 33556

New Mailing Address:

FEI Number: 20-2242748

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITAKER, ANGELA S
9108 SHADOW POND COURT
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

FOX, ANGELA S
9108 SHADOW POND COURT
ODESSA, FL 33556 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ANGELA FOX

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WHITAKER, ANGELA S
Address: 9108 SHADOW POND COURT
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: FOX, ANGELA S
Address: 9108 SHADOW POND COURT
City-St-Zip: ODESSA, FL 33556

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELA FOX

PSTD

04/28/2006

Electronic Signature of Signing Officer or Director

Date